

A 2011 Mississippi law requiring each school district to adopt a sex-related education policy is set to expire in 2016. This Issue Brief summarizes findings from a 2015 study looking at implementation of sex-related education from the health educator’s standpoint. A full copy of the report is available on the Center’s website.

In 2015, the Center for Mississippi Health Policy commissioned researchers at the University of Southern Mississippi (USM) to survey and conduct focus groups with a representative sample of public school instructors responsible for teaching sex-related education (SRE) to learn about the successes and challenges of implementing SRE under the 2011 law.

Sex-Related Education Curriculum

Forty-three percent of the SRE instructors reported that their school districts adopted an abstinence-only (AO) policy, 28 percent reported adopting an abstinence-plus (AP) policy, 5 percent adopted both AO and AP policies, 14 percent reported that their school was not currently implementing an SRE policy, and 10 percent indicated they did not know which policy the district had adopted. Of those who reported implementing a policy, three curricula were cited as being used most often: “Choosing the Best” (49%), “Draw the Line, Respect the Line” (14%) and “Reducing the Risk” (11%). Two of these three curricula were commonly used by both abstinence-only and abstinence-plus programs, drawing into question the efficacy of any distinction between types of programs if the same curriculum is being used in both.

**SEX-RELATED EDUCATION LAW
MISS CODE § 37-13-171 AND § 37-13-173**

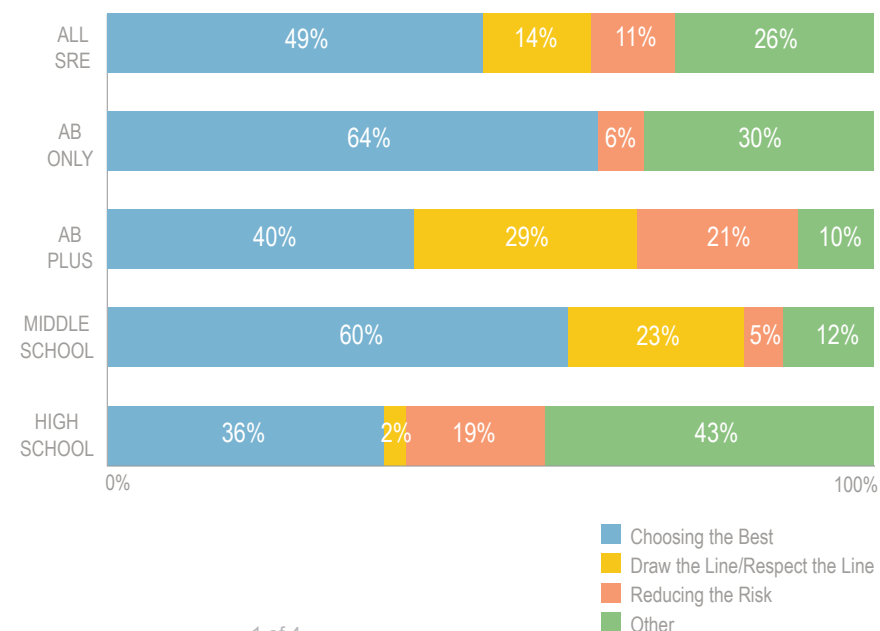
According to the 2011 law, the local school board of each district was required to adopt a policy to implement abstinence-only or abstinence-plus education into its curriculum by June 30, 2012. Abstinence-only (AO) and abstinence-plus (AP) curriculum had different content requirements specified by the law. Both AO or AP programs must meet certain requirements, including, but not limited to, the following:

- Students must be separated according to gender into separate classrooms at all times during any sex-related education
- Parents must receive notice of sex-related education at least one week in advance and must opt-in for students to be included in instruction
- Condom demonstrations are prohibited

HOW IS IT POSSIBLE TO BE BOTH AO AND AP?

Because the law required the AO or AP policy to be adopted at the district level, many educators indicated that their school was doing “both.” This can happen when one type of curriculum is implemented in middle school and one type is implemented in high school. Additionally, some of the curricula were included on the Mississippi Department of Education list as both AO and AP.

FIGURE 1. SRE CURRICULUM IMPLEMENTED AS REPORTED BY SRE INSTRUCTORS (2015)



How Sex-Related Education Is Taught

SEXUAL ACTIVITY AMONG MISSISSIPPI YOUTH

Data collected by the Centers for Disease Control in the Youth Risk Behavior Survey (YRBS) indicate high rates of sexual activity among Mississippi's high school students:

- 54.2 percent report having ever had sexual intercourse (highest of all reporting states)
- 40.5 percent report being currently sexually active (highest of all reporting states)

Source: Centers for Disease Control and Prevention. (2013). *Youth Risk Behavior Survey*.

YRBS data for middle schools in 2011 showed the following:

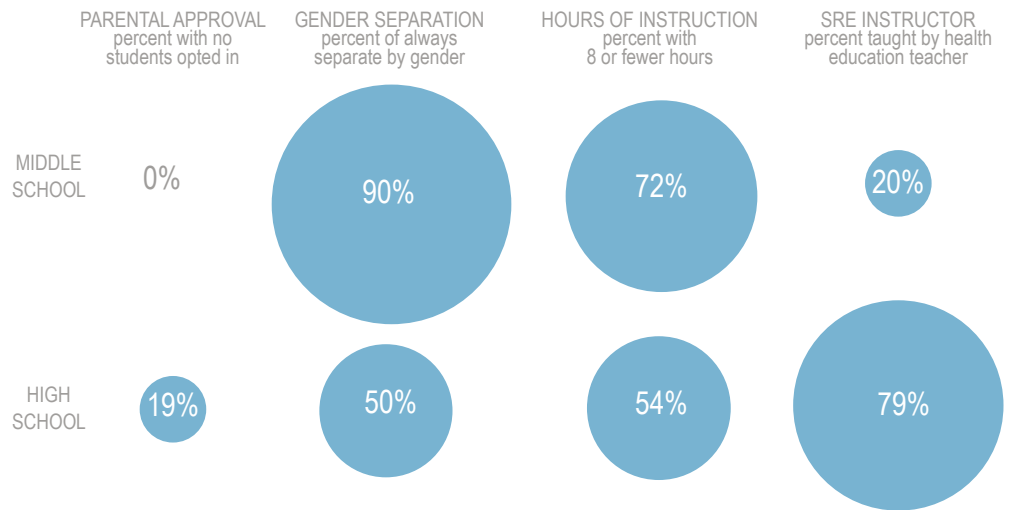
- 28 percent of Mississippi middle school students reported having ever had sexual intercourse (highest of all reporting states)
- Source: Centers for Disease Control and Prevention. (2011). *Youth Risk Behavior Survey*.

Teachers report that SRE instruction is offered most often in the seventh grade (57%), followed by eighth (46%), and then ninth (44%). The amount of instruction provided ranges from less than two hours to more than ten hours. Sixty-three percent of the teachers indicate that students receive eight or fewer hours of instruction per year. The most common approach was to teach SRE for a set number of hours or weeks in a course, most commonly Health if not a specific SRE course.

Responses regarding how SRE is taught showed considerable variability between middle school and high school. Seventy-two percent of middle school instructors reported their students were getting fewer than 8 hours of SRE instruction, compared with 54 percent of high school instructors reporting the same.

When asked about gender separation, which is required by the law, there were again notable differences in what teachers reported by grade level. Overall, 71 percent of teachers reported always separating by gender, while 22 percent never separated, and 7 percent sometimes separated students. Ninety percent of middle schools are always separating students by gender, while only fifty percent of high schools are always separating students by gender.

FIGURE 2. COMPARISON OF MIDDLE SCHOOL AND HIGH SCHOOL SRE ON SELECT COMPONENTS (2015)



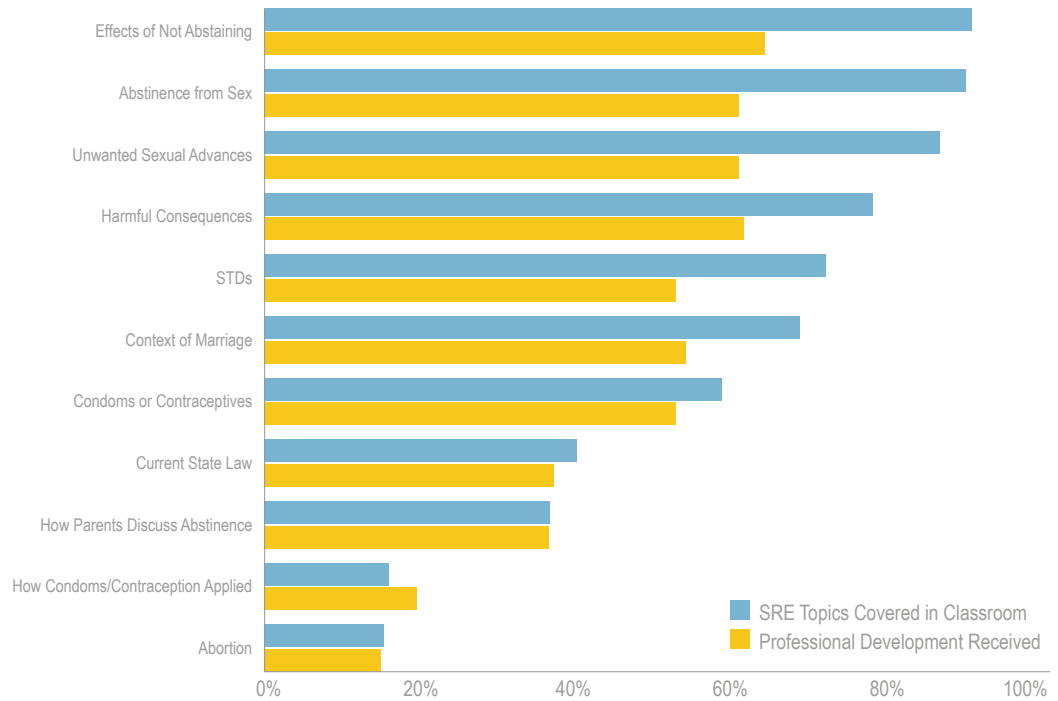
When asked, “What percent of students received parental approval (opt-in) for participation in the form of a written notice,” answers differed between middle school and high school instructors. Middle school instructors all reported receiving some level of opt-in from parents, compared with almost one in five (19%) of high school instructors who reported zero percent opting in. The levels of instructors reporting 100 percent of their students opting in were comparable between middle school (36%) and high school (38%).

The type of instructors teaching SRE included health education teachers (46%), physical education teachers (28%), other classroom teachers (20%), school nurses (19%), and mental health/school counselors (8%). These findings also varied by grade level, with close to 80 percent of high school SRE being taught by health education teachers.

■ Instructor Experience of Sex-Related Education

Only two-thirds of survey respondents answered when asked how many hours of training they received on SRE each year. Of those who answered, 35 percent indicated that they received no training, nearly half (46%) received 8 or fewer hours of training, and 19 percent received more than 8 hours of professional development in SRE. When asked what type of training these teachers received in teaching SRE, three in five teachers (60%) reported having received professional development on topics that they were then, in turn, most likely to cover when they taught the course.

FIGURE 3. CLASSROOM SRE CONTENT COMPARED WITH TOPICS OF PROFESSIONAL DEVELOPMENT (2015)



Note: These topics are derived from content requirements specified in Miss Code § 37-13-171.

Teachers answering the survey indicated that they felt they were making a difference in three top areas: increasing student knowledge, creating a safe and supportive environment, and promoting healthy relationships. Teachers reported that they felt SRE was least effective in decreasing sexual risk behaviors, increasing HIV/AIDS testing, and preventing drop-outs. Perceived effectiveness is higher for middle school teachers than for high school teachers. Regarding condom demonstration, 51 percent of SRE teachers think it should be allowed at the discretion of the school district, 37 percent think it should be prohibited, and 12 percent think it should be required.

Over three-quarters of teachers said they wanted more professional development.

Over three-quarters of teachers surveyed said they wanted more professional development. When focus group participants were asked to suggest changes for making SRE more effective, the most common responses were to provide more professional training, to increase support from administration, to make SRE a required class, to eliminate the opt-in requirement, and to provide more online resources.

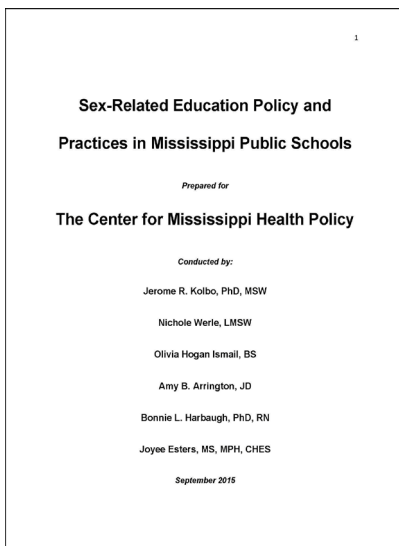
Summary

The results of this study provide valuable insight into the implementation of sex-related education in Mississippi public schools and the expressed needs of those charged with teaching the subject. The following are some of the key themes that can be gleaned from the data:

- The labels “abstinence-only” and “abstinence-plus” are severely limited as distinct classifications for describing the type of instruction provided since the majority of each group uses common curricula.
- The total amount of instruction received is diminished by being subject to several limiting factors:
 - not all schools teach sex-related education,
 - not all students receive written parental permission to participate,
 - the range of topics taught is variable,
 - when taught, total hours of instruction can be less than two, and
 - some students may be absent at the time of instruction.
- Implementation of sex-related education is very different in middle schools compared to high schools, although the requirements in the law apply equally to both.
- The topics instructors teach are directly related to the topics for which they received professional development.
- Teachers indicated that what was needed most to make SRE more effective was professional development specific to SRE.

For More Information

The full detailed report, including study methodology, is available on the Center’s web site at mshealthpolicy.com.



Center *for*
Mississippi
Health
Policy

Plaza Building, Suite 700
120 N. Congress Street
Jackson, MS 39201

Phone 601.709.2133
Fax 601.709.2134

www.mshealthpolicy.com